IV – PROFESSIONAL LIABILITY INSURANCE

21A. PRESENT PROFESSIONAL LIABILITY INSURANCE CARRIER	21B. DATE COVERAGE BEGAN	21C. NAME OF PRIOR CARRIERS	21D. DATES OF COVERAGE		22. HAS ANY CARRIER EVER CANCELED, DENIED OR REFUSED TO RENEW YOUR INSURANCE (If "YES" explain on separate sheet) ☐ YES ☐ NO
			FROM	TO	

V – MEDICAL/DENTAL SCHOOLS ATTENDED

23A. NAME OF SCHOOL	23B. ADDRESS (City, State, and ZIP Code)	23C. SUBJECT/ MAJOR	23D. YEARS ATTENDED	23E. GRADUATED		23F. DEGREE
				MONTH	YEAR	

24. IF YOU ARE NOT A UNITED STATES OR CANADIAN MEDICAL/DENTAL SCHOOL GRADUATE, HAVE YOU SUCCESSFULLY COMPLETED THE REQUIREMENTS OF A MEDICAL/DENTAL EDUCATION EQUIVALENCY PROGRAM (e.g., examination or "Fifth Pathway"). (If "YES," indicate name of program, date completed, and if applicable, certificate number, plus whether permanent or interim.)

☐ YES ☐ NO

NOTE: If you are not a United States or Canadian medical/dental school graduate, list on a separate sheet all clinical clerkships you have served, with institution (name and address), inclusive dates of service, program type, and program contact for each clerkship.

NOTE: For items 25 through 28, specify when service was as a paid Federal employee, including the VA, the U.S. Military, and the Public Health Service.

VI – DENTAL GENERAL PRACTICE RESIDENCIES

25A. NAME OF HOSPITAL	25B. ADDRESS (City, State, and ZIP Code)	25C. DATE COMPLETED	25D. NO. OF MONTHS

VII – SPECIALTY/SUBSPECIALTY RESIDENCIES

26A. NAME OF HOSPITAL OR INSTITUTION (or military assignment and rank)	26B. ADDRESS (City, State, and ZIP Code)	26C. SPECIALTY/ SUBSPECIALTY	26D. TRAINING COMPLETED		26E. NO. OF MONTHS SERVED	26F. AMOUNT OF TIME APPROVED BY SPECIALTY BOARD
			MONTH	YEAR		

27A. HAVE YOU SERVED AS AN ADMINISTRATIVE CHIEF RESIDENT ☐ YES ☐ NO	27B. DATES OF SERVICE

VIII – PROFESSIONAL EXPERIENCE (IN OTHER THAN MEDICAL/DENTAL TRAINEE STATUS)

28A. EMPLOYER	28B. ADDRESS (City, State, and ZIP Code)	28C. POSITION (Where applicable also specify whether General Practitioner or Specialist)	28D. FULL TIME	28E. PART-TIME (average hours per week)	28F. DATES EMPLOYED	
					FROM	TO

IX – GENERAL INFORMATION

29. NAMES UNDER WHICH YOU WERE EMPLOYED, IF DIFFERENT FROM NAME GIVEN IN ITEM 1

30. LIST ALL PROFESSIONAL PUBLICATIONS, SCIENTIFIC PAPERS, HONORS, AWARDS, RESEARCH GRANTS AND FELLOWSHIPS (If additional space is required, attach separate sheet).

X – THIS SECTION TO BE COMPLETED BY APPROPRIATE COMMITTEE OR DESIGNATED OFFICIAL

	31A. REMARKS	31B. CHAIRPERSON'S APPROVAL OF GENERAL QUALIFICATIONS	31C. DATE
HOUSE STAFF REVIEW COMMITTEE			